115000078039

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	-

Office Use Only



400272593204

05/06/15--01026--002 **25.00



WAY I'S 2015 BRUCE

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2015

CARLOS E OSORIO 4156 PINE RIDGE LANE WESTON, FL 33331

SUBJECT: SOUTH FLORIDA PREMIER GROUP LLC

Ref. Number: L15000078039

We have received your document for SOUTH FLORIDA PREMIER GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A0000981

2815 MAY II AM 9:

COVER LETTER

TO: Registration Section **Division of Corporations** SOUTH FLORIDA PREMIER GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **CARLOS E OSORIO** Name of Person SOUTH FLORIDA PREMIER GROUP LLC Firm/Company 4156 PINE RIDGE LANE Address WESTON FL 33331 City/State and Zip Code carlososorio74@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **CARLOS OSORIO** 214 0070 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SOUTH FLORIDA PREMIER G		·
(Name of the Limi	ited Liability Company as it now appears on our records. (A Florida Limited Liability Company))
	Liability Company were filed on 05/04/2015	and assigned
Florida document number L5000078039	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREE	ET ADDRESS)	- Fig. 38
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	POV	mg z m
Multing dadness MAT DE ATOST OTTTCL	BUN	9 9
		in the
R If amending the registered agent and	Vor registered office address on our records,	ş. W
registered agent and/or the new registered o		titol tile hame of the her.
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Flor	rida
•	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS E OSORIO	4156 PINE RIDGE LANE WESTC	: Add
			Remove
		:	□ Change
· · · ·			<u>~ - · · · · · · □</u> ·Add · · · · · ·
			☐ Remove
		:	Change
		· — —	
			☐ Remove
			Change
			Add A TRemo T
			Change
 _			POS A M
			□ Remove
·			Change
			Add
			Remove
		:	□ Change

			· · · · · · · · · · · · · · · · · · ·		
<u> —</u>					
				· · · · · · · · · · · · · · · · · · ·	
. —					
,					
. —					
					
					
<u></u>	All the second of the second o				
					Ž. 2
ffer tive dat	e, if other than the date is listed, the date must be	e of filing:	- data of file- on - the	(optional)	37
ote: If the c	ate inserted in this block :	ioes not meet the applica	ble statutory filing requ	irements, this date will	ioche listed a
ocu nent's e	fective date on the Depar	ment of State's records.		on of the second	2 X X X X X X X X X X X X X X X X X X X
e necord s	pecifies a delayed eff	ective date, but not	an effective time.		
The 90th	day after the record	is filed.		20	¥. 6
).	m &
ated			 1		
		Come	Ψ		
	Sign	ature of a member or author		nember	
•		CARLOS O	SOLIO		

Page 3 of 3

Filing Fee: \$25.00